

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL N 09/162394	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1	1	1	1	1	51				
2	1	1	1	1	1	52				
3	2	1	1	1	1	53				
4	2	1	1	1	1	54				
5	2	1	1	1	1	55				
6	1	1	1	1	1	56				
7	1	1	1	1	1	57				
8	1	1	1	1	1	58				
9	1	1	1	1	1	59				
10	1	1	1	1	1	60				
11	1	1	1	1	1	61				
12	1	1	1	1	1	62				
13	1	1	1	1	1	63				
14	2	1	1	1	1	64				
15	1	1	1	1	1	65				
16	1	1	1	1	1	66				
17	1	1	1	1	1	67				
18	1	1	1	1	1	68				
19						69				
20						70				
21						71				
22						72				
23			1			73				
24						74				
25						75				
26						76				
27						77				
28						78				
29						79				
30						80				
31						81				
32						82				
33						83				
34						84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	2	1	2	1	1	TOTAL IND.				
TOTAL DEP.	20	16	16	16	16	TOTAL DEP.				
TOTAL CLAIMS	22	18	18	18	18	TOTAL CLAIMS				